## **Medical Board of California License Verification System Subscription**

Form - Credentialing Services

**Enforcement Program** 

2005 Evergreen Street, Suite 1200 Sacramento, CA 95815-5401 Phone: (916) 263-2528

Fax: (916) 263-2435 www.mbc.ca.gov

| Subscription Service Request Is (Check One) New Renewal Cancellation Change(s)   |                      |   |        |                 |       |             |         | ange(s) |
|--|----------------------|---|--------|-----------------|-------|-------------|---------|---------|
| Current Subscription<br>(Renewals, Cancellations or Changes)   |                      | Period Covered From Period Covered To  Username |        |                 |       |             | Го      |         |
| Name of Credentialing Services Organization  |                      |   |        |                 |       |             |         |         |
| Mailing Address  | Department           |   |        |                 |       |             |         |         |
|  | Street Address  City |   |        |                 | State | Zi          | ip Code |         |
| Responsible User   | Last Name            |   |        | First Name      |       | Middle Name |         | Suffix  |
|  | Telephone            | Ext   | Altern | rnate Telephone |       |             |         |         |
|  | Email                | '   |        |                 |       |             |         |         |
| If you provide credentialing services for a health care facility licensed by the California Department of Public Health (CDPH), any health care service plan or medical care foundation licensed by the Department of Managed Health Care (DMHC), a facility certified to participate in the federal Medicare Program as an ambulatory surgical center, or an accredited outpatient surgery setting that requires access to the 805 report information, please complete the client listing information on Page 2 of this form. |                      |   |        |                 |       |             |         |         |
| Pursuant to Business and Professions Code section 805.5, prior to granting or renewing staff privileges to any physician, any health care facility licensed by the CDPH, health care service plan or medical care foundation, the medical staff of the institution, a facility certified to participate in the federal Medicare Program as an ambulatory surgical center, or an accredited outpatient surgery setting,   |                      |   |        |                 |       |             |         |         |

If access to 805 report information is granted, it shall be the responsibility of the credentialing service to confirm that their client is legally authorized to obtain this information before disclosing any 805 report information obtained through the License Verification System (LVS). Failure to fully comply with these policies and requirements will result in the denial of access to 805 report information.

shall request a report from the Medical Board of California (Board) as to whether the applying physician has been denied staff privileges or had those privileges removed or restricted. This is not considered public information and cannot be disclosed to clients

The Credentialing Services Organization and Responsible User agree to comply with this Security Agreement as a condition for accessing the Board's LVS or associated systems and are legally bound by this document. Failure to fully comply with these policies and requirements will result in the denial of access. The Organization and Responsible User understand that any illegal use of the Board's LVS or associated systems is punishable as a public offense under California Penal Code section 502.

Signatures of the Responsible User and Manager of the Organization to this document certify under penalty of perjury under the laws of the State of California they have read, understand, and agree to the above statements and that the information provided is true and correct..

| Manager of Organization (Printed Name)     | Signature   | Date |
|--|-------------|------|
|  |             |      |
| Responsible User (Printed Name)            | Signature   | Date |
| Return completed form to: Medical Board of | California  |      |
| Medical Doald of                           | Galilottila |      |

other than those legally entitled to request that information.

License Verification System 2005 Evergreen Street, Suite 1200

Sacramento, CA 95815

ATTENTION: BENJAMIN RODRIGUEZ

**FAX:** (916) 263-2435

## LICENSE VERIFICATION SYSTEM SUBSCRIPTION FORM – CREDENTIALING SERVICES Client Information - Page 2 Name of Credentialing Services Organization Provide a copy of the CDPH License, DMHC License, Medicare certification, accreditation number or proof of accreditation for each facility for which you are providing services. Client 1 Name Telephone Number Street Address **CDPH License Number** Building/Suite Accreditation or Medicare Certification Number City State Zip **DMHC License Number** Client 2 Name Telephone Number Street Address **CDPH License Number** Building/Suite Accreditation or Medicare Certification Number City State Zip **DMHC License Number** Client 3 Name Telephone Number Street Address **CDPH License Number** Building/Suite Accreditation or Medicare Certification Number City State Zip **DMHC License Number** Client 4 Name Telephone Number Street Address **CDPH License Number** Building/Suite Accreditation or Medicare Certification Number City State Zip **DMHC License Number**

You may copy this page to include additional clients

## SECURITY AGREEMENT - ACCESSING THE LICENSE VERIFICATION SYSTEM

This request is for the authorization of access and use of License Verification information maintained within the Medical Board of California's (Board) Information System.

| Name of Credentialing S   | Services Organiza                                    | ation                             |                    |                                       |                                    |      |                       |           |  |
|---|--|-----------------------------------|--------------------|---------------------------------------|------------------------------------|------|-----------------------|-----------|--|
| Mailing Address   | Department   |                                   |                    |                                       |                                    |      |                       |           |  |
|   | Street Address                                       |                                   |                    |                                       |                                    |      |                       |           |  |
|   | City   |                                   |                    |                                       | State                              |      | Zip Code              |           |  |
| Responsible User  | Last Name  |                                   | First Name         |                                       |                                    | Mid  | dle Name              | Suffix    |  |
|   | Telephone  | Telephone Ext Alternate Telephone |                    |                                       |                                    |      |                       |           |  |
|   | Email  |                                   |                    |                                       |                                    |      |                       |           |  |
| Are you a new user?   | Yes No   | lf No                             | , Enter            | Username:                             |                                    |      |                       |           |  |
| ORGANIZATION AN   | D RESPONSIBL   | E USER A                          | AGRE               | EMENT                                 |                                    |      |                       |           |  |
| The above named Credent<br>License Verification Syster<br>Organization and Respons<br>not disclosed to any unauth   | m (LVS) is for offici<br>ible User further ag        | ial use or<br>ree to use          | nly and<br>all pre | shall not be sole<br>cautions to assu | d or otherwise<br>re that the info | disc | closed to any third p | arty. The |  |
| LVS users will not be permitted to exceed 9,500 queries per calendar month without prior approval from the Board. Individuals using LVS in excess of their authority are subject to monitoring by system personnel. All http and FTP accesses are logged and monitored. LVS users who exceed the 9,500 limit will have their access denied. All users expressly consent to such monitoring and are advised that if such monitoring reveals possible evidence of criminal activity, further legal action may be taken. |  |                                   |                    |                                       |                                    |      |                       |           |  |
| The Organization and Responsible User agree to comply with this Security Agreement as a condition for accessing the Board's LVS or associated systems and are legally bound by this document. Failure to fully comply with these policies and requirements will result in the denial of access. The Organization and Responsible User understand that any illegal use of the Board's LVS or associated systems is punishable as a public offense under California Penal Code section 502.                             |  |                                   |                    |                                       |                                    |      |                       |           |  |
| Signatures of the Responsible User and Manager of the Organization to this document certify under penalty of perjury under the laws of the State of California, they have read, understand, and agree to the statements made in this Security Agreement.  |  |                                   |                    |                                       |                                    |      |                       |           |  |
| Manager of Organization (Printed Name   |  | Sign                              | ature              |                                       | Date                               |      |                       |           |  |
| Responsible User (Printed Name)   |  | Sign                              | ature              |                                       | Date                               |      |                       |           |  |
|   |  |                                   |                    |                                       |                                    |      |                       |           |  |
| FOR MEDICAL BOARD US  | SE ONLY Approved By Date  LVS Security Administrator |                                   |                    |                                       |                                    |      |                       |           |  |